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ABSTRACT

One low economic status social area and one high economic status social area population were selected for intensive study in the manner suggested by Shevky and Bell. In order to determine the frequency of suicide ideation and suicide related experiences among these social area types, five interdependent questions were asked: (1) Have you ever wondered what it would be like not to exist? (2) Have you ever experienced a strong urge toward suicide? (3) Have you ever contemplated suicide seriously as a solution to a problem? (4) At any time, have you ever actually threatened suicide? (5) At any time, have you ever actually attempted suicide? The term "suicide-related experience" refers to experiences wherein a person has actually thought of committing suicide. The major finding is that suicide ideation and experiences are very common in both social area populations, but more so in the low economic status social area. The frequency of thoughts and threats of suicide in the high economic status social area was surprising, given the fact that the suicide and attempted suicide rate for this population was reported as low. The data also indicated that the suicide ideations and experiences identified in the social area samples relate to completed suicide as part of a process. (Author)

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SUICIDE IDEATION AND SUICIDE EXPERIENCES AMONG SOCIAL AREA POPULATIONS: EVIDENCE FOR THE "PROCESS" HYPOTHESIS

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MacIver stated that the act of suicide is the end of a process, "...the significant object of study is the process thatterminates thus" (1942:139). MacIver meant that suicidal ideation and action can be viewed on a continuum of human activity where the person holds subjective images of the act, verbalization of these images, and behavior which leads to the objective realization of these images, i. e. threats, attempts or completed suicide (Evans and Wasserman, 1976). This timely observation applies equally to all sociological works on suicide that use data which are comparisons of social characteristics of a general population, as well as the "residual effects" of persons who died of suicide. However, sociological work on suicide blanket the process of suiciding. Therefore, it seems that a promising approach to the sociological study of suicide is to base research on live representative samples drawn from the general population.

The distinctive feature of sociological studies of suicide is that they pretend to explain differential rates of suicide or attempted suicide rather than describe the phenomenon through rates. Sociological explanations of suicide rates are no more than logical hypotheses which can be tested only by social psychological research. Thus, sociological studies of suicide based on either death certificates, residual effects, ersatz populations or some combination of these are confronted with the problem that only superficial generalizations may be made about suicide.

Three factors account for this condition. First, official data are not available for all cases of suicide or attempted suicide. This may introduce hidden and uncontrolled biases into the statistics of the act. Second, the researcher is unable to control the definition of suicide on

which his study is based. Third, most definitions of suicide are limited to the concrete physical act occurring at a solitary point in time. Studies based on official data do not analyze the personal dynamics of the act, but rather they record social and physical data about the person who commit suicide (Douglas, 1967).

The issue here is not whether representative samples drawn from the population at large are useful methodologically, but whether the persons included in these samples can provide important information about suicide. Some students of suicide are convinced that such a study would be a waste of effort since the majority of persons included in a general sample never threaten suicide or even attempt the act. Such persons are usually identified by the same investigator as "nonsuicide" and used as part of a control group. Taking the extreme position, Simpson made the remark: "Not even the most ardent attitude-tester can go around interviewing suicides, and representative samples of the population can scarcely be investigated soley on the ground that some of the subjects in the sample will commit suicide" (1950:658). This statement is probably representative of what the attitudes and assumptions of researchers have been and still are toward the use of general samples as a means for generating new data about suicide. Such attitudes and assumptions, however, lack empirical support. Siegal and Friedman (1955) observed that suicidal communicative behaviors, i.e. threats, hints, announcements, etc. pervade our entire social structure. Wilkins (1967) evaluated the connection between the general population and suicidal sub-populations and concluded that there is a definite linkage.

Is it not reasonable to assume that the majority of conscious suicide experiences is to be found among the general population? Furthermore, is it not reasonable to assume that suicide ideation and suicide-related experiences exist in even greater abundance in high suicide risk populations? The suicide literature is filled with reference to economic status variables in the incidence of suicide behavior among different social categories. Depending upon the population being studied, data point either to a direct, inverse, or curvilinear relationship between economic status and suicide (Maris, 1967; Rushing, 1968; Henry and Short, 1955). Henry and Short argue that the suicide rate has a direct relationship with economic status; Maris makes a case for an inverse relationship. Indeed, studies consistently show that certain economic status groupings tend to have a disproportionate share of suicide experiences, nonetheless, it is anticipated that suicide ideation and experiences are prevalent in all economic status categories. The question is: How prevalent?

The purpose of this paper is to (a) assess the feasibility of studying suicide through samples drawn from socially differentiated and stratified social area populations; (b) to assess the extent of suicide related experiences in these populations; and (c) to assess how such data may be used in understanding the dynamics of actual suicide.

Procedure

The data for this research were collected, in part, with a study that dealt with self-destructive behavior in a northern city (Wenz, 1974). One of the methodological concerns of that study was to select particular "social worlds" within the city with extreme variations in social characteristics and rates of self-injury behavior. This was accomplished with the aid of the social area space typology (Shevky and Bell, 1955).

One low economic status social area population and oene high economic status social area population was selected for intensive study. The low economic status area is typical of the characteristics of a high suicide potential area described in studies by Sainsbury (1955), Mowrer, (1944), among others. In order to bring out the nature of the social differences in each social area population selected, Table 1 has been prepared with the purpose in mind of suggesting different life styles and life chances that exist in the social area types under examination.

Table 1

Selected Social Characteristics of the Respondents and of the Social Area Population

Variables	Social Area Characteristics	
	Low Economic Status	High Economic Status
Economic Status Score	21.2*	83.6
Suicide Rate	28.8 **	1.2
Attempted Suicide Rate	348.3	62.5
	Characteristics of Respondents	
Sex: Male	61.0***	57.9
	(94)	(113)
Female	39.0	42.1
	(60)	(82)
Race: White	72.1	93.7
	(111)	(183)
Nonwhite	27.9	6.3
	(43)	(12)
Median Age:	36.4	29.3
Marital Status:		
Single	25.3 (72)	10.2 (20)
Married	36.7 (56)	61.0 (119)
Divorced	24.7 (38)	14.4 (28)
Widowed	13.6 (21)	14.4 (28)
Education: Median Years	10.8	12.8

*Ratio to the base of 100
**per 100,000 population
***Percent

The Low Economic Status Social Area Population. This social area type is characterized by a high percentage of women in the labor force (66.0); a low fertility rate; a low percentage of single family dwelling units (38.2); a large percentage of blue-collar workers (79.0); and a large percentage of persons with eleven or less years of schooling (63.3).

The High Economic Status Social Area Population. This social area type is characterized by a high fertility rate; a low percentage of women working outside the home (16.2); many single family dwelling units (94.3); a high percentage of white collar workers (81.4); and 9.1 percent with eleven years of schooling or less.

In order to determine the frequency of suicide ideation and suicide-related experiences among these social area types, five interdependent questions were asked. These questions are as follows:

1. Have you ever wondered what it would be like not to exist?
2. Have you ever experienced a strong urge toward suicide?
3. Have you ever contemplated suicide seriously as a solution to a problem?
4. At any time, have you ever actually threatened suicide?
5. At any time, have you ever actually attempted suicide?

If a person answered "yes" to a question, the person was asked to recall the number of times the event or episode had occurred and to specify the duration of the episode. If a person answered a question negatively, the person was asked to proceed to the next question.

The term "suicide-related experience" refers to experiences wherein a person has actually thought of committing suicide. The ideations and experiences referred to in the above questions vary linearly in their proximity to actual suicide (Evans, 1976; Wasserman and Evans, 1976).

Evans and Wasserman statistically demonstrated that the above five items fulfilled the criteria of a Guttman scale. The coefficient of reproducibility was close to the desired .90 level and the coefficient of scalability was .71. Thus, it is possible to categorize the 154 respondents in the low economic status social area sample and the 195 respondents in the high economic status social area sample into five successive sub-populations on the basis of the most proximate experience to suicide each has experienced. These five sub-populations consist of the following types of respondents.

Sub-population I: Persons who have never thought of death or suicide at any time in their lives.

Sub-population II: Persons who have non-seriously thought about suicide.

Sub-population III: Persons who have seriously thought of committing suicide.

Sub-population IV: Persons who have thought seriously of committing suicide and have threatened suicide.

Sub-population V: Persons who have thought seriously of committing suicide and have attempted suicide.

Data on suicide exists in the social area population samples to the extent that the respondents fall in sub-populations III, IV and V.

Findings

Table 2

Table 2 shows the percent of male and female respondents in the two social area samples by the five suicide risk sub-populations. It shows that suicide ideation and experiences are frequent in both types of social area samples. Serious contemplation of suicide, threats and even attempts of the act are most frequent in the low economic status social area (57.8%).

Table 2

Percent of Male and Female Respondents in the High and Low Economic Status Social Area Samples by Suicide Experience of Sub-Populations

Suicide-Experience Sub-populations	Social Area Types					
	Low Economic Status			High Economic Status		
	Male	Female	Total	Male	Female	Total
I: Persons who have never thought of death or suicide.	14.9 (14)	10.0 (6)	12.5 (29)	21.2 (24)	17.1 (14)	19.1 (38)
II: Persons who have non-serious thoughts of suicide.	33.0 (31)	26.7 (16)	29.8 (47)	53.1 (60)	41.5 (34)	47.3 (94)
III: Persons who have seriously thought of suicide.	26.7 (26)	33.3 (20)	30.0 (46)	11.5 (13)	17.1 (14)	14.3 (27)
IV: Persons who have Threatened suicide.	14.8 (13)	21.7 (13)	18.3 (26)	8.8 (10)	13.4 (11)	11.1 (21)
V: Persons who have Attempted suicide	10.6 (10)	8.3 (5)	9.5 (15)	5.3 (6)	11.0 (9)	8.1 (15)
Total	100.0 (94)	100.0 (60)	100.0 (154)	100.0 (113)	100.0 (82)	100.0 (195)

In this sample, 30.9% seriously thought of suicide, 18.3% threatened suicide, and 9.5% attempted suicide. In the high economic status social area sample, 33.5% of the respondents indicated a low-to-high suicide risk. Specifically, 14.3% thought of suicide, 11.1% threatened suicide, and 8.1% attempted suicide.

Comparing male and female suicide ideation and experience, 52.1% of the males and 63.3% of the females in the low economic status sample while 25.6% of the males and 41.5% of the females in the high economic status sample considered suicide at some point in their lives. Twice as many males (52.1%) living in the social area characterized by low educational, income and occupational levels than males (25.6%) living in the social area characterized by high educational, income and occupational levels at least thought of suicide. Furthermore, in the low economic status sample 25.4% of the males and 30.0% of the females gave serious consideration to suicide (sub-population IV and V) compared to 14.1% for males and 24.4$ for females in the high economic status sample. Almost as many respondents in the high (8.1%) as in the low economic status sample (9.5%) actually attempted suicide.

Discussion

The major finding is that suicide ideation and experiences are very common in both social area populations, but more so in the low economic status social area. The frequency of thoughts and threats of suicide in the high economic status social area was surprising, given the fact that the suicide and attempted suicide rate for this population was reported as low (Table 1). The research demonstrated that data on suicide do exist at least in socially differentiated urban sub-area populations, and most of the experiences to which the data refer are not availabel for study in

the traditional sources, i. e. death certificates and residual effects. For instance, of the 15 suicide attempts in the high economic status social area only three cases were known to the police and to public agencies in the community which report and record such incidents, and the three cases were not the same. On the other hand, seven cases of the 15 attempts came to the attention of the police and community agencies. Perhaps there is a strong class bias in the reporting and recording of suicidal activity in the community.

Are these findings typical of the extent of suicide ideation and experiences in the larger community or society? The answer would probably be yes. Although the social area populations are fairly homogeneous with respect to family, economic status characteristics, age, race, and other variables, the frequency of suicide-related experiences in the community is probably as great--if not greater--as the amount disclosed in the social area samples. Thoughts of suicide and experiences probably exist in greater frequency among high suicide risk populations, i.e. older age groups, divorced and widowed, unemployed, disabled, minority groups,.... What is impressive is that most of the suicide experiences to which the data refer are not usually available for study in the traditional sources.

Also the data indicated that the suicide ideations and experiences identified in the social area samples relate to completed suicide as part of a process. This is indicated in the fact that the respondents who attempted suicide ort thought seriously of doing so had previously encountered all of the other experiences included in the questions. They had <u>thought</u> of suicide in a non-serious way for a long period of time; they had <u>thought seriously</u> about suicide for some time; and they had <u>threatened</u> suicide before attempting the act. The various episodes of suicidal

thought and experiences may be related to one another in such a way that each episode builds upon past episodes and makes future episodes possible. In short, past suicide thoughts and experiences makes future suicide experiences more probable. Evans and Wasserman's research lends support to the existence of a suicide process in populations with different degrees of suicide potential in that suicide ideation precedes suicide attempts, and progresses in a direction from low intent to high intent.

Data from the suicide literature also recommends the inference that a process is involved. Litman, et al. (1965) found t 40% of their sample of suicide attempts to have had a history of prior threats, and Pokorny (1965) found the suicide rate among those who previously threatened or communicated suicidal ideas to be 60 to 70 times that of the general population. Wilkins (1967) reviewed the empirical literature on suicide and concluded that suicide threats are present in a very high proportion of those who attempt and eventually complete the act. What about the view that attempted and completed suicide are dissimilar populations? If threatened suicide, attempted suicide and completed suicide are different, discrete populations then the process of suicide must not be identical in the three populations. If this view of suicide behavior is correct, then this raises a number of critical issues. Although a critical review of the "continuous" versus the "discrete" suicide behavior hypothesis is beyond the scope of this paper, it is assumed here that the processes are much more alike than they are different. By describing suicide experiences in a social area population, one may be describing early experiences in the process by which persons come to commit suicide, and by comparing experiences of various degrees of seriousness, one may be able to identify the fundamental variables involved.

If we assume that suicide is a process, and that part of the process is visible in the social area populations sampled, and that the responses to the five questions are indicative of the process, the hypothesis may be advanced that suicide ideation and suicide-related experiences in these samples relate to actual suicide as part of a process. A process whereby discrete thought episodes, at first simple and nonserious in intent, build upon one another in such a way that subsequent episodes are possible and progressively more serious. The findings reported here do suggest a way in which data from general or socially differentiated populations may be useful in understanding actual suicides. It may be that a suicide process not only occurs but necessarily occurs as preparation for the act. If actual suicide is presumed to follow a series of conscious thought episodes which increase in severity of intent, then suicide ideation and experiences in a general or differentiated population relates to completed suicide as part of a process. This hypothesis depends upon future research for its verification.

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